

## (1) PLACE OF BIRTH

County of Washington  
 Township of Baylissville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

15950

Registration District No. 3302Registered No. 30  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Claude Philip Adams

(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5/31 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H B Adams

(9) PRESENT POSTOFFICE OF FATHER

Gibson NC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

For med

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Elaine M C Ewen

(15) PRESENT POSTOFFICE OF MOTHER

Gibson NC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26  
(Years)

(18) BIRTHPLACE

Florida

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 6 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph Tate MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gibson NC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

19  
Registrar(27) Filed 6/219 22

(28)

Joseph Tate  
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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